DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

June 12, 1996

ALL-COUNTY LETTER NO. 96-31

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ANNUAL ABCD 350 ETHNICITY REPORT

Enclosed is a camera-ready copy of the ABCD 350 "Annual Recipient Report on Aid to Families with Dependent Children (AFDC), Social Services, Non-Assistance Food Stamps (NAFS), Greater Avenues for Independence (GAIN), and Refugee Cash Assistance (RCA) Ethnic Origin and Primary Language," with instructions. The ABCD 350 report collects ethnicity data on open cases that are eligible to receive benefits in the programs contained in this report.

There are two changes in this years' reporting consistent with information previously shared with the Interim Statewide Automated Welfare System (ISAWS) and announced at the March, 1996 CWDA, Financial Analysis and Data Systems Sub-committee meeting. The following changes to the report have been made:

- The report month has been changed from April to July and

- The Counties must now provide data on *NAFS*.

CDSS will continue to obtain much of the required data from the California Department of Health Services (CDHS) Medi-Cal Eligibility System (MEDS). Data to be obtained from MEDS will be AFDC Family Group (FG), AFDC Unemployed Parent (U), AFDC Foster Care (FC), and RCA ethnicity and primary languages. Report areas to be submitted by Counties are un-shaded and include *Social Services, NAFS and GAIN.* NAFS data should equal data reported on the Food Stamp Program Monthly Caseload Movement Statistical Report (Form DFA 296), Line Item 8, NAFS column, for the month of July 1996. The data required for NAFS is not a duplication of data requested on the DFA 358, Annual Food Stamp Program Participants By Ethnic Group Report, also for the month of July. Data on the DFA 358 Report reflects participating recipients, whereas data on the DFA 350 Report reflects open cases.

The ABCD 350 report must be received in the Information Services Bureau by **August 30, 1996.** Completed reports may be submitted by FAX to (916) 653-4880 or sent to:

> California Department of Social Services
> Information Services Bureau
> 744 P Street, M.S. 12-81
> Sacramento, CA 95814

The form and reporting instructions are provided for completion and submittal. If you have any questions regarding this report, please contact Levy J. St. Mary of the Information Services Bureau at (916) 653-5170 or Calnet 453-5170.

JARVIO A. GREVIOUS
Deputy Director
Administration Division

c: CWDA

Send one copy to:

California Department of Social Services
Information Services Bureau
744 P Street Mail Station 12-81
Sacramento, CA 95814

ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, NON-ASSISTANCE FOOD STAMPS, GAIN, AND RCA ETHNIC ORIGIN AND PRIMARY LANGUAGE

COUNTY

FOR THE MONTH OF	YEAR
JULY	1996

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES a/						
		AFDC FG (a)	AFDC U (b)	AFDC FC (c)	SOCIAL SERVICES (d)	CERTIFIED ELIGIBLE NON-ASSISTANCE FOOD STAMPS b/ (e)	GAIN (f)	RCA (g)
1	White							
2	Hispanic							
3	Black							
4	Other Asian or Pacific Islander							
5	American Indian or Alaska Native							
7	Filipino							
C	Chinese							
H	Cambodian							
J	Japanese							
K	Korean							
M	Samoan							
N	Asian Indian							
P	Hawaiian							
R	Guamanian							
T	Laotian							
V	Vietnamese							
	Total c/							

(OVER)

a/   Information for columns (a), (b), (c), and (g) will be obtained by Information Services Bureau from the California Department of Health Services MEDS system.

b/   Total Non-assistance Food Stamp (NAFS) cases must equal DFA 296, Item 8, NAFS column.

c/   Total GAIN counts should represent the total number of cases determined non-exempt from the GAIN program.

PART A. PRIMARY LANGUAGE SPOKEN a/

CODE	LANGUAGE	NUMBER OF CASES						
		AFDC FG (a)	AFDC U (b)	AFDC FC (c)	SOCIAL SERVICES (d)	CERT. ELIG. NON-ASSISTANCE FOOD STAMPS b/ (e)	GAIN c/ (f)	RCA (g)
0	American Sign Language (ASL)							
1	Spanish							
2	Cantonese							
3	Japanese							
4	Korean							
5	Tagalog							
6	Other Non-English (specify)							
7	English							
A	Other Sign Language							
B	Mandarin							
C	Other Chinese Languages							
D	Cambodian							
E	Armenian							
F	Ilocano							
G	Mein							
H	Hmong							
I	Lao							
J	Turkish							
K	Hebrew							
L	French							
M	Polish							
N	Russian							
P	Portuguese							
Q	Italian							
R	Arabic							
S	Samoan							
T	Thai							
U	Farsi							
V	Vietnamese							
	Total c/							

REPORT PREPARED BY | TELEPHONE NUMBER | DATE

a/   Information for columns (a), (b), (c) and (g) will be obtained by Information Services Bureau from the California Department of Health Services MEDS system.
b/   Total Non-assistance Food Stamp (NAFS) cases must equal DFA 296, Item 8, NAFS column.
c/   GAIN counts should represent the total number of cases determined non-exempt from the GAIN program.

ABCD 350 (5/96)

Ref. 26-221
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ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, NON- ASSISTANCE
FOOD STAMPS, GAIN, AND RCA - ETHNIC ORIGIN AND PRIMARY LANGUAGE
(FORM ABCD 350)

CONTENT

This report provides annual data on ethnic origin and primary language for Aid to Families with
Dependent Children (AFDC)/Family Group (FG), AFDC/Unemployed (U), AFDC/Foster Care
(FC), Social Services, Non-assistance Food Stamps (NAFS), Greater Avenues towards
Independence (GAIN), and Refugee Cash Assistance (RCA) recipients.

PURPOSE

The data collection is necessary for (1) identifying problems regarding delivery of equal services
to recipients, (2) providing management with data needed for measuring the effects and
accomplishments of County "Bilingual Services" Programs, and (3) measuring compliance with
Division 21 requirements.

SOURCE

Data for this report will be obtained from the following sources:

- For AFDC/FG/U/FC, and RCA recipients, data for this report will be obtained from the
  California Department of Health Services (CDHS), Medi-Cal Eligibility Determination
  System (MEDS) database by the California Department of Social Services (CDSS).

- Social Services, *NAFS* and GAIN recipient data will be transmitted to CDSS by the
  Counties via this report.

DISTRIBUTION

Data from this report will be compiled and released to the Civil Rights Bureau, program
managers, and other interested persons and agencies.

DUE DATE

This is an annual report using *July* as the report month. The report is to be received in
Sacramento as soon as possible after the last day of the report month, but no later than *30 days*
following the report month. Send reports to:

California Department of Social Services
Information Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

When data is unavailable or has not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the remainder of the report. Forward missing data as soon as available.

ETHNIC ORIGIN DEFINITIONS

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Black - All persons having origins in any of the black racial groups of Africa.

Chinese - All persons having origins in any of the original peoples of China.

Cambodian - All persons having origins in any of the original peoples of Cambodia.

Japanese - All persons having origins in any of the original peoples of Japan.

Korean - All persons having origins in any of the original peoples of Korea (North and/or South).

Filipino - Persons whose ancestry or ethnic origin is of the Philippine Islands.

Samoan - All persons having origins in any of the original peoples of Samoa.

Asian Indian - All persons having origins in any of the original peoples of the Indian subcontinent.

Hawaiian - All persons having origins in any of the original peoples of the Hawaiian Islands.

Guamanian - All persons having origins in any of the original peoples of Guam.

Laotian - All persons having origins in any of the original peoples of Laos.

Vietnamese - All persons having origins in any of the original peoples of Vietnam (North and/or South).

Other Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (other than those previously mentioned).

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE

Ethnic origin and primary language are to be determined by asking the applicant/recipient or by having them fill out the appropriate section of the application form. If the applicant/recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

SOCIAL SERVICES

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults.

PART A. ETHNIC ORIGIN (CASES)

Applicable only to Social Services, *NAFS* and GAIN recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of cases receiving Social Services, *NAFS* and GAIN services.

SOCIAL SERVICES

California addresses the federal services goals under Title XX through an array of twenty-one (21) service programs. Eight (8) of these programs are mandated and thirteen (13) are optional based on local needs, priorities and resources.

The eight mandated and thirteen optional social services follows:

Mandated Services

Information and Referral
Emergency Response
Family Maintenance
Family Reunification
Permanent Placement
Out-of-Home Care for Adults
In-Home Supportive Services
Protective Services for Adults

Optional Services

Special Care for Children in Their Own Homes
Home Management and Other Functional Educational
Employment/Education Training
Services for Children with Special Problems
Services to Alleviate or Prevent Family Problems
Sustenance
Housing Referral Services

<u>Optional</u> <u>Services</u> <u>Con't</u>

Legal Referral Services
Diagnostic Treatment Services for Children
Special Services for the Blind
Special Services for Adults
Services for Disabled Individuals
Services to County Jail Inmates

<u>Services</u>

Report all cases that actually received one or more social services (in the report month) provided directly by the County Welfare Department. Do not include cases for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each case only once regardless of the number of different services provided during the report month. The same family budget unit may contain multiple cases; however, each case must have received a separate social service.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

For purposes of the ABCD 350 report, the total for Social Services should be a case count from all programs.

NAFS

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the NAFS column must agree with the total reported on DFA-296, Item 8, NAFS Column for the same report month.

GAIN

The total case count for the GAIN column should represent the total number of cases determined non-exempt from the GAIN program for the same report month.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report **only** the recipient or head of household and not other members of the family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Total case count for the NAFS column must agree with the total reported on Form DFA-296, Item 8, NAFS Column for the same report month.

The total case count for the GAIN column should represent the total number of cases determined non-exempt from the GAIN program for the same report month.